

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION, BUREAU OF INSURANCE

CERTIFICATE OF ADVERTISING COMPLIANCE

(Form to certify compliance governing advertising of accident and sickness insurance.)

This form is to be completed and filed in accordance with 14 VAC 5-90-170 B by any insurer authorized to write accident and sickness insurance in the Commonwealth of Virginia.

Year of Filing: 2004

I certify to the best of my knowledge, information and belief that the advertisements which were disseminated by the _____
(Name of Insurance Company)
during the preceding statement year complied or were made to comply in all respects with the provisions of the laws of the State of Virginia.

I further attest that I am an officer of said insurance company with authority to certify this form.

Signature

Print or Type Name and Title

Date

Insurance Company

NAIC Co. Code

Group Code

If required by Statute, Administrative Code or Other:

1.) The Advertising File for said year as required by _____ is located at:

N/A

(Address where files are kept)

2.) The annexed Statement of Affairs of the aforementioned insurance company is an exact copy of the statement filed by said company in the office of the N/A.
(Name of State Insurance Department)

3.) In witness whereof, I have subscribed my name and affixed my official seal this ____ day of _____, 200__.

Signature of Notary Public

(SEAL)

State of _____
County of _____